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ABSTRACT

Despite the increasing incidence of infidelity, little empirical evidence is available to guide the efforts of marriage and family therapists in this area. This study examines how gender, participant training, and follow-up mitigating information relate to perceptions of individuals in couple relationships presenting for therapy with a history of infidelity. Participants included 126 non-therapists, 113 affiliates of the American Association for Marriage and Family Therapy (AAMFT), and 118 AAMFT clinical members who rated 2 written case histories: (1) a heterosexual couple presenting for therapy with concerns pertaining to the male partner's involvement in a 12-month affair, and (2) a couple where the female partner was involved in an affair. Follow-up scenarios describing the same couple subsequent to five marital therapy sessions were also rated. Results suggest that the views of individuals within these relationships are associated with each of the key variables examined in this study. The findings indicate that divergent and potentially inequitable standards are involved in the perception of male and female partner adjustment. Advanced training and experience appeared to be associated with an ability to recognize and report adjustment difficulties. Specific effects of training appear to interact with client gender in shaping impressions. (Author/RJM)

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# The Roles of Gender and Training in Perceptions of Infidelity

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**Abstract**

This study examined how gender, participant training, and follow-up mitigating information related to perceptions of individuals in couple relationships presenting for therapy with a history of infidelity. Participants included 126 non-therapists, 113 affiliates of the American Association for Marriage and Family Therapy (AAMFT), and 118 AAMFT clinical members who rated two written case histories. One history described a heterosexual couple presenting for therapy with concerns pertaining to the male partner's involvement in a 12 month affair. The second history described the female partner as involved in an affair. Follow-up scenarios describing the same couple subsequent to five marital therapy sessions were also rated. Results suggest that views of individuals within couple relationships characterized by infidelity are associated with each of the key variables examined in this study. The findings suggest that divergent and potentially inequitable standards are involved in the perception of male and female partner adjustment. Whereas advanced training and experience appears to be associated with an ability to more clearly recognize and report adjustment difficulties, the specific effects of training appear to interact with client gender in shaping impressions.

**The Roles of Gender and Training in Perceptions of Infidelity**

Despite growing recognition of infidelity as a common difficulty in couple relationships (Brown, 1991; Mongeau, Hale, & Alles, 1994; Paul & Galloway, 1994), little empirical evidence is available to guide the efforts of marriage and family therapists in this area (Green & Bobele, 1988). The literature is inadequate to aid therapists who face the demands of attempting to assist couples whose problems involve extra-marital relationships. Of perhaps even greater concern, very little is known regarding the influence of therapists' personal attitudes and values regarding infidelity. Numerous potentially relevant factors have yet to be examined. Attention to the perceptual processes of therapists associated with these issues is warranted.

The purpose of this investigation is to extend the literature regarding the role of client gender and therapist training in perceptions of the members of couple relationships. We examined the role of gender by comparing ratings of two written case histories: one identified the male partner as involved in an extra-marital affair and the second identified the female. The role of training was evaluated by comparing the perceptions of individuals trained in marriage and family therapy with those of individuals with no clinical background. We hypothesized that views would vary in relationship to the gender of the unfaithful partner and in relationship to the level of participant training. We hypothesized as well that differences associated with these variables would persist despite the introduction of mitigating case information. Our expectation was that trained marriage and family therapists would be less vulnerable to differential views of the individuals described in the case histories on the basis of client gender in comparison to the views of non-therapists.

## Method

### *Participants*

Participants in this research were 357 adults. One third (126) of the sample, the non-therapist group, was obtained through undergraduate courses in the department of human development and family studies at a large Southwestern university. The second third (113) of the sample, the affiliate group, was comprised of affiliates of the American Association for Marriage and Family Therapy (AAMFT). The remaining third (118) of the sample, the clinical member group, was comprised of clinical members of the American Association for Marriage and Family Therapy (AAMFT). Members of the affiliate and clinical groups were selected by means of random sampling from the 1994 national listing of AAMFT clinical members.

### *Procedure*

Participants were randomly assigned to one of two case history conditions. Half of the participants read a male infidelity condition and half read a female infidelity condition. One history described a hetero-sexual couple presenting for marital therapy. Their presenting concerns pertained to the male partner's 12 month involvement in an extra-marital affair with his employment supervisor. In the second case history, the female member of the couple was identified as the partner involved in the extra-marital affair. With the exception of the gender of the unfaithful partner, all case history information was identical between the two conditions. Subsequent to completing ratings of the initial case histories, participants read two additional scenarios describing the same couple following five marital therapy sessions. With the exception of the gender of unfaithful partner, consistent with the initial descriptions, the two histories in the

second set were identical to one another. In the second set of scenarios, information was provided that suggested that the unfaithful partner was involved in the affair, in part, due to coercion exerted by his/her opposite-sexed employment supervisor.

***Data Analysis***

The data for participant perceptions of individual partner functioning was analyzed using a 2 X 2 X 3 (gender of infidelity in case histories X follow-up scenarios X participant training), mixed model, analysis of covariance (ANCOVA) for the dependent measure (IRF). Participant age was the covariate. Gender of infidelity, was a between subjects variable involving two levels (unfaithful male partner and unfaithful female partner). In the first condition, a male partner was described in the case history as participating in an extramarital affair. In the second, a female partner was described as participating in an affair.

A second analysis was conducted for participant perceptions of individual partner functioning in order to examine views of the spouses (faithful) of individuals who were involved in an affair. The data was analyzed using a 2 X 2 X 3 (gender of faithful partner in case histories X follow-up scenarios X participant training), mixed model, analysis of covariance (ANCOVA) for the dependent measure (IRF). Scores from the IRF reflect participant perceptions of the emotional health or overall adjustment of the individuals described in the case histories.

## Results

***Perceptions of Unfaithful Partners***

A mixed model analysis of covariance (ANCOVA), with age as the covariate, on ratings of individual partner functioning revealed a significant two-way interaction between participant level

of training and gender of infidelity conditions $F(2, 699)=12.66, p<.001$, and a significant two-way interaction between participant level of training and follow-up scenario conditions $F(2,699)=5.14$, $p<.01$. Post hoc comparisons, using the Bonferroni adjustment to maintain a .05 familywise alpha (per comparison alpha <.016), were performed between the two gender of infidelity conditions to determine the source of the gender of infidelity by training interaction. The comparisons revealed that the unfaithful male partner was viewed as significantly more healthy than the unfaithful female partner by the members of the undergraduate group $F(1, 248)=14.98$, $p<.001$. It was also found that the affiliate group perceived the unfaithful female partner to be significantly more healthy $F(1, 217)=5.74$, $p<.01$ than the unfaithful male. No differences in views between the male and female unfaithful partners were found in perceptions by the clinical group. Post hoc comparisons (per comparison alpha <.008) between the three levels of participant training and experience revealed that the members of the affiliate group held significantly more favorable views of the unfaithful female partner $F(1, 233)=9.82, p<.008$ than the undergraduates.

***Perceptions of Faithful Partners***

A mixed model analysis of covariance (ANCOVA), with age as the covariate, on ratings of individual partner functioning revealed a significant two-way interaction between participant level of training and gender of the faithful partner conditions $F(2, 700)=13.38, p<.001$ and a significant main effect for the follow-up scenario conditions $F(1, 700)=118.60$, $p<.001$. The participants' perceptions of the follow-up (subsequent to 5 marital therapy sessions) scenario were found to be significantly more favorable than their views of the initial scenario. Post hoc comparisons (per comparison alpha <.016) between the two gender of the faithful partner conditions revealed that

the faithful female partner was viewed as significantly more healthy than the faithful male partner by the undergraduate $F(1, 248)=30.17$, $p<.001$ and clinical member $F(1, 233)=8.06$, $p<.01$ groups. No differences in views between the male and female faithful partners were found in perceptions by the affiliate group.

Post hoc comparisons (per comparison alpha $<.008$) between the three levels of participant training and experience revealed that in perceptions of the faithful male partner, the affiliate group members $F(1,227)=8.94$, $p<.008$ and undergraduates $F(1,245)=9.36$, $p<.008$ held significantly more favorable views than the clinical members. No differences were found in views of the faithful male partner between the affiliates and undergraduates. In perceptions of the faithful female partner, the comparisons revealed that the undergraduates held significantly more favorable views than the clinical members $F(1,241)=25.33$, $p<.001$ and affiliates $F(1,243)=23.69$, $p<.001$. No differences were found in views of the faithful female partner between the clinical members and affiliates.

## Discussion

The results of this study indicate that the genders of an unfaithful partner and his/her spouse, participant training, and follow-up case information (scenarios) significantly affect perceptions of individuals in couple relationships. Views appear to be the product of the combined influence of these effects.

### *Gender of Unfaithful Partners*

As hypothesized, we found that non-therapists (undergraduates) viewed the unfaithful male partner to be significantly more healthy than the unfaithful female. Differences persisted despite

the introduction of mitigating case information. This finding suggests that gender is an important variable in the perception of the individual members of relationships. Divergent and inequitable standards may be involved in the evaluation of male and female partner adjustment and in the meaning ascribed to extramarital affairs. Although participation in extramarital sexual activity appears to be construed indicative of personal adjustment difficulty for women, similar assumptions do not appear to occur, at least to the same extent, in the evaluation of male partner adjustment. Male infidelity appears to be more acceptable or may not as much be perceived as a reflection of individual unhealthiness.

Contrary to our expectations, we found that the affiliates perceived the unfaithful female partner to be significantly more healthy in comparison to the male. Differences persisted following the introduction of mitigating case information. This finding suggests that gender influences the perceptions of therapists in training. In contrast to non-therapists, therapists in training may construe extramarital sexual activity by female partners to reflect greater personal healthiness, or less dysfunction, in contrast to the significance of male partner infidelity. Such differences may occur due to an increased sensitivity to gender issues in couple relationships and a motivation to avoid female-disadvantaging views. Alternatively, therapists in training may view unfaithful male partners to be less healthy than unfaithful females due to a tendency to over-estimate the significance of male infidelity.

Consistent with our expectations, no differences were found in perceptions by the AAMFT clinical members between the two gender of infidelity conditions. The absence of differences suggests that the effects of gender may be reduced by advanced training and experience in marital

and family therapy. Advanced marriage and family therapists may not be prone to differential views based on the gender of an unfaithful partner. In contrast, the absence of differences may have occurred due to a mitigating effect from infidelity as a presenting concern. The presence of an affair may uniformly be construed indicative of serious individual dysfunction by advanced practitioners.

***Gender of Faithful Partners***

As hypothesized, we found that women whose male partners were involved in extramarital sexual activity were perceived by non-therapists (undergraduates) to be significantly more healthy in contrast to the views of men whose partners were unfaithful. This finding suggests that males may be perceived to be more seriously affected by, or have effect on, partner infidelity. Female infidelity may be assumed to more likely reflect male partner inadequacy or personal pathology. Non-therapists may believe that women are motivated, more so than men, to engage in extramarital sexual activity in relationship to the healthiness or functionality of their male partners. Whereas males may be excessively blamed for partner infidelity, the behavior of females may be viewed as excessively dependent on the functioning of their partners.

No differences were found in perceptions by the AAMFT affiliates between the two gender of the faithful partner conditions. The absence of differences suggests that the effects of gender may be reduced by preliminary training in marital and family therapy.

Contrary to our expectations, we found that the clinical members perceived the faithful female partner to be significantly more healthy in comparison to the faithful male. This finding suggests that gender influences the perceptions of advanced therapists. Advanced practitioners may believe

that female extramarital sexual activity reflects greater personal dysfunction by male partners. Seasoned therapists may be vulnerable to sexual double standards.

***Training and Experience in Marriage and Family Therapy***

Comparisons involving perceptions of the unfaithful female revealed that the affiliates held more favorable views than the undergraduates. This finding suggests that perceptions of unfaithful women may become more favorable in conjunction with initial training in marital and family therapy. Non-therapists may over-estimate the pathological significance of female infidelity. Alternatively, this finding may indicate that beginning therapists under-estimate the significance of infidelity in perceptions of female partner adjustment.

No differences were found in perceptions of the faithful female between the clinical members and affiliates nor between the clinical members and undergraduates. No differences between the three levels of training were found in ratings of the unfaithful male. These findings suggest that perceptions of unfaithful male partners do not substantially vary in relationship to training and experience in marital and family therapy. Views likely vary in association with other factors. Non-therapists and therapists may employ common standards or assumptions regarding the (un)healthiness of men involved in extramarital sexual relationships.

As hypothesized, we found that the affiliates and non-therapists held more favorable views than the clinical members in ratings of the male whose spouse was unfaithful. This finding suggests that as a result of advanced experience, marriage and family therapists may possess a refined ability to recognize and report problems in male adjustment occurring in association with a history of partner infidelity. As therapists accrue experience beyond the initial training period their ability to

assess individual adjustment in relationships may become increasingly proficient. Non-therapists and therapists in training may be less well equipped to evaluate the functioning of men in couple relationships. The absence of differences between the affiliates and non-therapists may have occurred due to the insufficiency of initial training in marital and family therapy to enable clinicians to recognize the adjustment difficulties of men in relationships with unfaithful partners. Alternatively, these findings may suggest that experienced marriage and family therapists are vulnerable to errantly critical views. As a result of advanced experience, marriage and family therapists may be prone to over-estimate the presence of adjustment difficulties in the assessment of faithful men in couple relationships. This possibility is consistent with the results of other investigations that indicate that experienced clinicians exhibit an increased rate of false positive diagnoses.

Also consistent with our expectations, we found in ratings of the faithful female partner that the non-therapists held more favorable perceptions than the affiliates and clinical members. This finding suggests, consistent with the results of the comparisons involving the faithful male, that as clinicians accrue experience, they may develop a refined ability to recognize and report the adjustment difficulties of women occurring in relationship to partner infidelity. In contrast to the comparisons of the faithful male, these findings suggest as well that the ability to recognize female partner difficulties may develop during the initial training period. Advanced experience may not be necessary to evaluate the detrimental consequences of partner infidelity on female adjustment. Alternatively, this finding may suggest that therapists in training and experienced practitioners may be vulnerable to over-estimate the significance of partner infidelity in perceptions of female

adjustment.

***General Conclusions***

Perceptions of individuals described in couple relationships are complex and appear to relate to several factors. Although influences of overriding importance may exist, views appear to be associated with multiple variables. Specifically, gender is a critical factor. Sex-role stereotypes appear to promote differential and potentially inequitable views. Involvement in an extra-marital affair by a woman tends to be construed as indicative of more serious difficulty in contrast to relationships with a history of male infidelity. In addition, these findings indicate that training and experience may be influential. Although the facets of their effects are not clearly evident, training and experience appear to result in more critical views. It is not certain whether this tendency reflects a pathologizing bias or a refined ability to recognize and report adjustment difficulties. It is also evident that training and experience do not nullify the role of gender.

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**Table 1**
**Means and Standard Deviations for Ratings of Unfaithful Partner Functioning by Case History, Scenario, and Participant Level of Training and Experience**

| | Pre-Therapy Scenario | | | 5th Session Scenario | | |
|---|---|---|---|---|---|---|
| Case History | Y1 | Y2 | Y3 | Y1 | Y2 | Y3 |
| Male Partner | | | | | | |
| M | 3.74 | 3.72 | 3.70 | 4.84 | 4.11 | 4.10 |
| SD | 1.49 | 1.09 | 1.22 | 1.72 | 1.18 | 1.35 |
| Female Partner | | | | | | |
| M | 2.90 | 4.00 | 3.63 | 4.08 | 4.66 | 4.07 |
| SD | 1.44 | 1.29 | 0.96 | 1.48 | 1.38 | 1.13 |

Note. Y1 = Undergraduates. Y2 = Affiliates of AAMFT. Y3 = AAMFT Clinical Members.

Table 2

ANCOVA Summary Table for Ratings of the Unfaithful Partner

| Source of Variance | SS | df | MS | F | F Prob. |
|---|---|---|---|---|---|
| Covariate (*) | 7.75 | 1 | 7.75 | 4.40 | .036 |
| Case History (A) | 2.75 | 1 | 2.75 | 1.56 | .212 |
| Training and Experience (B) | 14.15 | 2 | 7.08 | 4.02 | .018 |
| Scenario (C) | 83.59 | 1 | 83.59 | 47.48 | <.001 |
| A x B | 44.57 | 2 | 22.28 | 12.66 | <.001 |
| A x C | .71 | 1 | .71 | .40 | .525 |
| B x C | 18.11 | 2 | 9.05 | 5.14 | .006 |
| A x B x C | .48 | 2 | .24 | .14 | .873 |
| Within Cell | 1209.59 | 687 | 1.76 | | |
| Total | 1380.35 | 699 | 1.97 | | |

Note. the covariate was participant age.

Table 3

Means and Standard Deviations for Ratings of Faithful Partner Functioning by Case History, Scenario, and Participant Level of Training and Experience

| Case Histor | Pre-Therapy Scenario | | | 5th Session Scenario | | |
|---|---|---|---|---|---|---|
| | Y1 | Y2 | Y3 | Y1 | Y2 | Y3 |
| Male Partner | | | | | | |
| M | 3.51 | 3.77 | 3.02 | 4.77 | 5.02 | 4.15 |
| SD | 1.20 | 1.40 | 0.95 | 1.23 | 1.35 | 1.25 |
| Female Partner | | | | | | |
| M | 4.65 | 3.71 | 3.62 | 5.89 | 4.70 | 4.55 |
| SD | 1.88 | 1.34 | 1.43 | 1.59 | 1.22 | 1.46 |

Note. Y1 = Undergraduates. Y2 = Affiliates of AAMFT. Y3 = AAMFT Clinical Members.

Table 4

ANCOVA Summary Table for Ratings of the Faithful Partner

| Source of Variance | SS | df | MS | F | F Prob. |
|---|---|---|---|---|---|
| Covariate (*) | 6.19 | 1 | 6.19 | 3.27 | .071 |
| Case History (A) | 37.26 | 1 | 37.26 | 19.67 | <.001 |
| Training and Experience (B) | 16.42 | 2 | 8.21 | 4.33 | .013 |
| Scenario (C) | 224.63 | 1 | 224.63 | 118.60 | <.001 |
| A x B | 50.69 | 2 | 25.34 | 13.38 | <.001 |
| A x C | 1.11 | 1 | 1.11 | .59 | .444 |
| B x C | 1.53 | 2 | .77 | .40 | .667 |
| A x B x C | .42 | 2 | .21 | .11 | .895 |
| Within Cell | 1303.11 | 688 | 1.89 | | |
| Total | 1725.64 | 700 | 2.47 | | |

Note. the covariate was participant age.